

Bill Spadafora Memorial Fund Application

Applicant

Name: _____

Mailing Address: _____

Email address _____

Position at institution: teacher, other (explain) _____

Are you a member of the NAR? No Yes, NAR # _____

Institution

Name: _____

Address: _____

public school, private school, other _____

Team Information

Team Name _____

Grade level of team members _____

Number of participants: _____

Years participating in TARC _____

Previous years scores _____

Goals and Objectives: Briefly describe the desired objectives and how they will be obtained.

Time-Line Give time-line for obtaining objectives.

Expenses Explain how the award funds will be used. A detailed budget is not necessary.
